

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Starellen Carter
Cinnamon Pierce, et al
Plaintiff(s),

v.

State of MI
Carelink
CBET
Gwen Ervin
Laura Fournier

Defendant(s).

Case:5:16-cv-10749
Judge: Levy, Judith E.
MJ: Davis, Stephanie Dawkins
Filed: 03-02-2016 At 03:19 PM
CMP CARTER ET AL V. STATE OF MI ET AL (DA)

COMPLAINT

- I. Defendant(s). Print the full name for each defendant. If there are more defendants, use additional pages to provide their names.

Name of Defendant(s)

1. Laura Fournier
2. Gwen Ervin
3. Jean Ward
4. State of MI
5. Carelink

- II. Statement of claim. Briefly state the facts of your case. Describe how each defendant is involved, and exactly what each defendant did, or failed to do. Include names of any other persons involved, dates, and places. You may use additional paper if necessary.

Laura Fournier & Gwen Ervin Work for State of MI CPS. Approx 1 month ago Gwen Ervin said she was going to file a petition based upon the ins CO Carelink, who held a meeting to try to coerce me into giving my 17 yr old daughter more psychotropic drugs and none of them are doctors who write prescriptions

My daughter Ciara has been diagnosed as Schizophrenia by some doctors. Other doctors say it's PTSD since she is a rape victim. My daughter was given 600 mg XZ Serquel, 450 mg lithium & mg Haldol, 8mg Ativan to take each day. My physician, Potsford ER physicians, Children's Hosp say it's No way a child should be given high doses of several medications. Everytime my daughter tells someone she is a rape victim or goes thru PTSD phase where she believes she is being raped everyday, someone calls CPS. My mother retired from CPS State of MI and the State is failing to properly document these facts. CPS is trying to take custody of my daughter based upon heresay, and Carelink ins co initiation. They want to lock her up and drug her.

III. Relief. Briefly state exactly what you want the court to do for you.

I want the court to stop the harassment by the State of MI. CPS has PREMEDITATED TO TAKE my child away. I am a mother of 6 I do not abuse or neglect my child. My daughter is in a Children's mental hospital and CPS keeps going to the hosp telling my child they are going to take her away from our family. My child is worried and distraught and feels hopeless. They have no right to interfere with her medical treatment. Carelink has to held a meeting to lock my child away permanently. Carelink know that they will no longer be the insurance co for my daughter upon discharge from the hosp. If Carelink can get my child locked up & drugged up then they have a client they can collect money on. Everyone of the defendants is relying upon the other defendants and pointing

blame at each other when they are questioned. Carelink has no right to direct CPS to do their duty work. CPS has no right to try to create medical neglect, especially when my daughter was always in the hosp when she got a call.

IV. Additional Information. – Briefly enter any additional information, you may use additional paper.

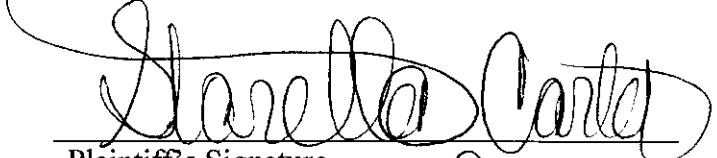
Please stop the harassment of SAET, CARELINK, LAURA FORTIER, GERALD ORVIN, CPS, State of MI. As a mother of 6, Cinnamon is my baby. Both my 22 yr old & 19 yr old were given/prescribed psychotropic meds and both refused to take them. Currently they are healthy, mothers and both work 40 hrs a week. Yes Cinnamon needs therapy and that need is always met. She deserved not to be discriminated against nor victimized because she was victimized and now the State, CPS, SAET, et al wants to further victimize my daughter.

V. Demand for Jury Trial. Check this box if you want your case to be decided by a jury, instead of a judge.

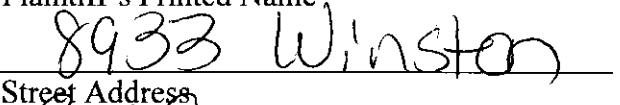
- Plaintiff demands a jury trial on all issues.

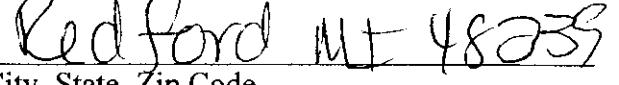
Dated:

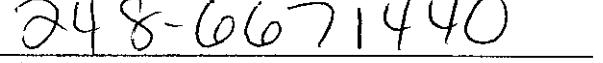
3-2-16

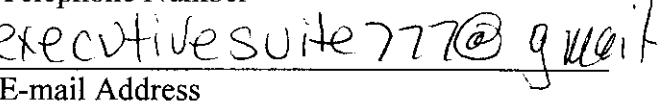

Plaintiff's Signature


Plaintiff's Printed Name


Street Address


City, State, Zip Code


Telephone Number


E-mail Address

U.S. 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

(a) PLAINTIFFS	Starellen Carter Cinnamon Pierce (min), et al	DEFENDANTS	State of MI, Corelink INS Co CBET, et al
(b) County of Residence of First Listed Plaintiff	Wayne	County of Residence of First Listed Defendant	Wayne
8933 Winston Redford, MI 48239 <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>		Case 5:16-cv-10749 Judge: Levy, Judith E. MJ: Davis, Stephanie Dawkins Filed: 03-02-2016 At 03:19 PM CMP CARTER ET AL V. STATE OF MI ET AL (DA)	
(c) Attorneys (Firm Name, Address, and Telephone Number)			

BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)					
1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question <small>(U.S. Government Not a Party)</small>	Citizen of This State	<input checked="" type="checkbox"/> PTF 1	DEE 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF 4	<input checked="" type="checkbox"/> DEE 4
2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity <small>(Indicate Citizenship of Parties in Item III)</small>	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	PERSONAL INJURY	PERSONAL PROPERTY	FOREIGN TREATY/PENALTY	SARIALIZED NUMBER	OTHER STATUTES
10 Insurance 20 Marine 30 Miller Act 40 Negotiable Instrument 50 Recovery of Overpayment & Enforcement of Judgment 51 Medicare Act 52 Recovery of Defaulted Student Loans (Excludes Veterans) 53 Recovery of Overpayment of Veteran's Benefits 54 Stockholders' Suits 55 Other Contract 56 Contract Product Liability 57 Franchise	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	FORFEITURE/PENALTY	SARIALIZED NUMBER	OTHER STATUTES
0 Land Condemnation 0 Foreclosure 0 Rent Lease & Ejectment 0 Torts to Land 5 Tort Product Liability 0 All Other Real Property	<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 861 IIIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 861 IIIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
			PROFESSIONAL	SOCIAL SECURITY	
			<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 861 IIIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
				UNEMPLOYMENT COMPENSATION	
				<input type="checkbox"/> 861 IIIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
				IMMIGRATION	
				<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	
					FEDERAL TAX SUITS
				<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609
					STATE TAX SUITS
					<input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

ORIGIN (Place an "X" in One Box Only)

Original 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened 5 Transferred from Another District (specify) 6 Multidistrict Litigation

CAUSE OF ACTION	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>American Disabilities Act, Rehabilitation Act, Civil Rights Violations</u>				
	Brief description of cause: <u>Premeditation of harassment, coercion, threats, intimidation, violation of Rights</u>				

REQUESTED IN COMPLAINT:	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMANDS	CHECK YES only if demanded in complaint: <input type="checkbox"/> JURY DEMAND: <input type="checkbox"/> Yes <input type="checkbox"/> No		
-------------------------	---	---------	--	--	--

RELATED CASE(S) IF ANY	(See instructions): <u>Starellen Carter</u>	JUDGE	DOCKET NUMBER		
			SIGNATURE OF ATTORNEY OF RECORD		

FFICE USE ONLY

EIPT # AMOUNT APPLYING IFFP JUDGE MAG. JUDGE

SUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

Yes

No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes

No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

New Lawsuit Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input type="checkbox"/>	Two (2) completed Civil Cover Sheets.										
<input type="checkbox"/>	Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank. <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>5</u></td> <td style="text-align: center;">+ 2 =</td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;">Complaints.</td> </tr> <tr> <td># of Defendants</td> <td>Total</td> <td></td> <td></td> </tr> </table>		<u>5</u>	+ 2 =	<u>7</u>	Complaints.	# of Defendants	Total			
<u>5</u>	+ 2 =	<u>7</u>	Complaints.								
# of Defendants	Total										
<input type="checkbox"/>	Received by Clerk: _____ Addresses are complete: _____										
<input type="checkbox"/>	If any of your defendants are government agencies : Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.										
If Paying The Filing Fee: <p><input checked="" type="checkbox"/> Current new civil action filing fee is attached.</p> <p>Fees may be paid by check or money order made out to: <i>Clerk, U.S. District Court</i></p> <p>Received by Clerk: _____ Receipt #: _____</p>		If Asking That The Filing Fee Be Waived: <p><input type="checkbox"/> Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.</p> <p>Received by Clerk: _____</p>									
Select the Method of Service you will employ to notify your defendants: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Service via Summons by Self</th> <th style="width: 33%;">Service by U.S. Marshal (Only available if fee is waived)</th> <th style="width: 33%;">Service via Waiver of Summons (U.S. Government cannot be a defendant)</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Two (2) completed summonses for each defendant including each defendant's name and address. </td> <td> <input checked="" type="checkbox"/> Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint. <input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form. </td> <td> <input type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk. <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> • One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. • Two (2) Waiver of the Service of Summons forms per defendant. <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p> </td> </tr> <tr> <td>Received by Clerk: _____</td> <td>Received by Clerk: _____</td> <td></td> </tr> </tbody> </table>			Service via Summons by Self	Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)	<input type="checkbox"/> Two (2) completed summonses for each defendant including each defendant's name and address.	<input checked="" type="checkbox"/> Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint. <input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form.	<input type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk. <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> • One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. • Two (2) Waiver of the Service of Summons forms per defendant. <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>	Received by Clerk: _____	Received by Clerk: _____	
Service via Summons by Self	Service by U.S. Marshal (Only available if fee is waived)	Service via Waiver of Summons (U.S. Government cannot be a defendant)									
<input type="checkbox"/> Two (2) completed summonses for each defendant including each defendant's name and address.	<input checked="" type="checkbox"/> Two (2) completed USM – 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint. <input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form.	<input type="checkbox"/> You need not submit any forms regarding the Waiver of Summons to the Clerk. <u>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</u> <ul style="list-style-type: none"> • One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. • Two (2) Waiver of the Service of Summons forms per defendant. <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.</p>									
Received by Clerk: _____	Received by Clerk: _____										

Clerk's Office Use Only

Note any deficiencies here: